

Indiana Department of Homeland Security

Application for “in the process” Level I Trauma Center status

Hospitals that wish to apply for status as an “in the process” Level I Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.
2. **A full-time Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.
4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital’s trauma registry and works directly with the hospital’s trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital’s Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon on call**. The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital’s disaster committee. A roster of the membership of the disaster committee must be provided.
7. **Trauma Surgeon response times**. Evidence must be submitted that response times for the Trauma Surgeon are 15 minutes maximum, tracked from patient arrival at the hospital, and must be compliant at least 80% of the time, as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center’s Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital’s application.
8. **In-house Emergency Department physician coverage**. There must be 24-hour-per-day, 365-days-per-year, in-house Emergency Department physician coverage. The Emergency Department

must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

9. **Orthopedic Surgery**. There must be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, that Orthopedic Surgery team members have dedicated call at the hospital. There must also be a back-up Orthopedic Surgery call schedule that is provided as part of this application.
10. **Neurosurgery**. Neurosurgery must be promptly available 24 hours per day for severe traumatic brain injury and spinal cord injury, as well as for less severe head and spine injuries. A backup call schedule must also be available with formally arranged contingency plans in case the capability of the neurosurgeon, hospital or system to care for neurotrauma patients is overwhelmed. The documentation must include a signed letter of commitment signed by neurosurgeons and the Trauma Medical Director that neurosurgeons are available to the trauma center 24-hours-per day.
11. **Trauma Operating room, staff and equipment**. There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services 24 hours per day. The hospital must have an in-house trauma team and the OR must be immediately available. The application must also include a list of essential equipment available to the OR and its staff.
12. **Critical Care physician coverage**. Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. Level I trauma centers must have prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage 24 hours a day.
13. **CT scan and conventional radiography**. There must be 24-hour availability of CT scan and conventional radiography capabilities. Level I trauma centers must show documentation of multiple CT scan machine capabilities and a written letter of commitment from the hospital's Chief of Radiology.
14. **Interventional radiology**. There must be 24-hour availability of interventional radiology (conventional catheter angiography and sonography) and a written letter of commitment signed by the Chief of Radiology.
15. **Intensive care unit**. There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources that include intracranial pressure monitoring equipment to resuscitate and monitor injured patients, all of which are available 24 hours per day.
16. **Blood bank**. A blood bank must be available 24 hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients. The facility must also have the capability for coagulation studies, blood gases, and microbiology 24 hours per day.

17. **Laboratory services.** There must be laboratory services available 24 hours per day for the standard analyses of blood, urine and other bodily fluids, including micro-sampling when appropriate.
18. **Post-anesthesia care unit.** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 24 hours per day. Documentation for this requirement must include a list of available equipment in the PACU.
19. **Relationship with an organ procurement organization (OPO).** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
20. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
21. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
22. **Nurse credentialing requirements.** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.
23. **Commitment by the governing body and medical staff.** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level I Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status.. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Previously known as (if applicable):

Level of "In the Process" status applied for:

Level One Adult _____

Level One Pediatric _____

Level Two Pediatric _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued)

Trauma Medical Director:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

Trauma Program Manager/Coordinator:

NAME: _____

Email: _____

Office Phone: _____ Cell/Pgr #: _____

ATTESTATION In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

Chief Executive Officer Signature	Printed	Date
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Trauma Medical Director Signature	Printed	Date
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Trauma Program Manager Signature	Printed	Date
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